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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Lannie R. Bolde et al.

Docket No.

FIS920030276US1

Application No.

10/605,673

Filing Date

10/16/2003

Examiner

J. J. Johnson

Group Art Unit

3724

Invention: DIE REMOVAL METHOD AND APPARATUS

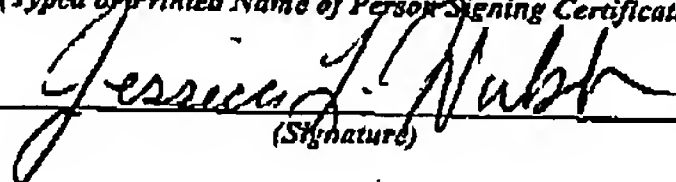
I hereby certify that this

Preliminary Amendment*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)

on


November 30, 2004*(Date)*

Jessica L. Walsh

*(Typed or Printed Name of Person Signing Certificate)**(Signature)*

Note: Each paper must have its own certificate of mailing.

NOV 30 2004

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>FIS920030276US1</b>									
Applicant(s): <b>LANNIE R. BOLDE ET AL.</b>														
Application No. <b>10/605,673</b>	Filing Date <b>10/16/2003</b>	Examiner <b>J. J. JOHNSON</b>	Customer No. <b>29371</b>	Group Art Unit <b>3724</b>	Confirmation No. <b>2672</b>									
Invention: <b>DIE REMOVAL METHOD AND APPARATUS</b>														
<b>COMMISSIONER FOR PATENTS:</b>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00									
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: <b>November 30, 2004</b>											
<b>James J. Merrick</b> Reg. No. 43,801 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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(Date)														
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CC:														

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT:	LANNIE R. BOLDE ET AL.	) ART UNIT:
SERIAL NO.:	10/605,673	) 3724
FILED:	October 16, 2003	) Examiner:
FOR:	DIE REMOVAL METHOD AND	) J.J. Johnson
	APPARATUS	) Confirmation No.
		) 2672

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

In response to the Office Action mailed September 28, 2004, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.